

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

31103

State File No. ....

No. 300  
10.48

FILED SEP 15 1951

BIRTH NO. ....		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6-960</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edgerton</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edgerton</u>		<u>0830</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Laura</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Thacker</u>	
4. DATE OF DEATH		(Month) <u>Aug.</u>		(Day) <u>31</u>		(Year) <u>1951</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 24, 1872</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months <u>0</u>	11. UNDER 24 HRS. Days <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Newton Horn</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ferrel</u>		14. NAME OF HUSBAND OR WIFE <u>J.H. Thacker, Edgerton, Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Bullock, Edgerton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplectic stroke.</u> <u>hypertension.</u> <u>arteriosclerosis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>infirmities of old age.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug. 26 - 1951</u> , to <u>Aug. 31 - 1951</u> , that I last saw the deceased alive on <u>Aug. 31 - 1951</u> , and that death occurred at <u>4 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John A. Robinson, M.D.</u>		23b. ADDRESS <u>Edgerton, Mo.</u>		23c. DATE SIGNED <u>9-2-51.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/2/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hebron Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>So. E. Gower Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-2-51</u>		REGISTRAR'S SIGNATURE <u>Ophia Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Munday Gower, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

John A. Murray

Licensed Embalmer No. 2893

P. O. Address Lower Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.